

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040266

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 61

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit, MO.		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEE'S SUMMIT CLINIC		d. STREET ADDRESS (If outside, give location) 310 West 49th STREET	
3. NAME OF DECEASED (Type or print) First Middle Last MR. RALPH LOUIS CRONMEYER		4. DATE OF DEATH Month Day Year 10 - 19 - 63	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-23-05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF-BUSINESS BROKER		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
11. BIRTHPLACE (City and state or country) Mc LOUTH, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME RALPH CRONMEYER		13b. MOTHER'S MAIDEN NAME GRACE JACKSON	
14. NAME OF HUSBAND OR WIFE Delores CRONMEYER		17. INFORMANT MRS. Delores CRONMEYER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 310W. 4931. Address KCMo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw him alive on _____. Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Angela Owens Corcoran		22b. ADDRESS 152 Union Station	
22c. DATE SIGNED 10-20-63		23. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMERS SONS	
23a. LOCATION (City, town, or county) (State) KANSAS CITY Mo.		23b. DATE RECD. BY LOCAL REG. 10-21-1963	
23c. REGISTRAR'S SIGNATURE N.B. Langeford		24. FUNERAL DIRECTOR'S ADDRESS D.W. NEWCOMERS SONS 1331 BRUSH CREEK BLVD. K.C.Mo.	

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1963

Dr. Lawrence
5736 Rockhill Rd.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edwin M. Tenger

Licensed Embalmer No. 3566

P. O. Address H.E. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.